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## Draft country programme document***

### Uzbekistan

*Summary*

The Executive Director presents the draft country programme document for Uzbekistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $9,260,000 from regular resources, subject to the availability of funds, and $8,560,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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| *Basic data (2002 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 10.7 |
| U5MR (per 1,000 live births) | 68 |
| Underweight (%, moderate and severe, 1996) | 19* |
| Maternal mortality ratio (per 100,000 live births, 2001) | 34 |
| Primary school enrolment (% net, male/female, 2000) | 78/78 |
| Primary school children reaching grade 5 (%, 2000) | 89 |
| Use of improved drinking water sources (%, 2000) | 85 |
| Adult HIV prevalence rate (%, 2001) | <0.1 |
| Child work (%, children 5-14 years old, 2000) | 15 |
| GNI per capita (US$) | 450 |
| One-year-olds immunized against DPT3 (%) | 98 |
| One-year-olds immunized against measles (%) | 97 |

* age group 3-35 months.

## The situation of children and women

1. The most populous of the Central Asian republics, Uzbekistan has 25.5 million people, 56 per cent of them under the age of 25 years. The country's recent transition to a market economy has seen recovery marked by sustained economic growth, with increased expenditures on social welfare, health and education. However, according to the Common Country Assessment (CCA), the country has also witnessed a decline in human capital, increased unemployment, decreased access to health and education, continued environmental degradation and weak governance. These factors, together with high inflation, have contributed to poverty and inequality. The World Bank estimates that 28 per cent of the population cannot meet their basic consumption needs.

2. Social indicators reflect these challenges. The maternal mortality ratio had fallen from 65 per 100,000 live births in 1992 to 21 in 1996, but rose sharply again to 34 in 2001, despite the fact that 90 per cent of deliveries are attended by a specialist. According to official statistics, the infant mortality rate (IMR) decreased from 26 per 1,000 live births in 1995 to 17 in 2002. However, the multiple indicator cluster survey (MICS) conducted in 2000 found an IMR of 52. The substantial difference is due largely to the discrepancy between the currently used and international standard definition of 'live birth,' and to underreporting.

3. In 2002, a Demographic and Health Survey found that 23 per cent of children up to age three years are stunted. The rate of exclusive breastfeeding during the first four months of life has increased, from 4 per cent in 1996 to 22 per cent in 2002, but is still low. Between 50 and 60 per cent of the population suffer from iodine deficiency disorders (IDD) and only 19 per cent of households use iodized salt. Furthermore, 52 per cent of women of child-bearing age and 59 per cent of children aged 6-59 months have mild to severe anaemia, aggravated by poor diet and/or dietary practices. Although immunization levels are high nationally and the country has been certified polio-free, unsafe vaccination practices still occur. There are wide

disparities in rates of access to safe drinking water, particularly in rural areas, for example in Khorezm (54 per cent) and Karakalpakstan (42 per cent). As few as 50 per cent of urban and only 4 per cent of rural inhabitants have facilities for safe excreta disposal.

4. The economic and social transition has also resulted in the deterioration of pre-school education, including a failure to attract professionals because of low wages and poor facilities. Enrolment for 3-to 6-year-olds declined from 1,349,400 in 1991-1992 to 681,200 in 1998. However, government efforts to establish both traditional and non-traditional community (Makhalla) and private kindergarten pre-schools have helped to increased coverage rates from 20 to 27 per cent of this age group between 2000 and 2002.

5. While official figures report high enrolment in primary schools, the MICS found that school attendance rates were only 78 per cent for both boys and girls. Analysis suggests that a significant cause of poor attendance is the quality of education. In addition, many young people drop out of school to seek employment and do not complete the full cycle of secondary school.

6. Continuing poverty and disruption of the social support system have increased the number of children in institutions, where they receive inadequate care and educational. Currently, 3,600 children live in 31 orphanages and 772 children up to three years of age are growing up in infant homes. The number of disabled children stands at more than 132,300, and serious concerns exist regarding their care and opportunities for mainstreaming them into the educational system. Economic austerity has created increasing numbers of juveniles in conflict with the law (estimated at 600 young people below 21 years in 2003) and increasing numbers of children on the streets (from 2,700 in 2001 to 5,500 in 2003).

7. The number of reported HIV infections increased from 230 in 2000 to more than 3,500 in 2003. The majority of new infections are among young people, and increasingly among young women. Injecting drug users account for 75 per cent of registered cases. A survey of young people aged 15-24 years showed that two thirds of them knew very little about sexually transmitted diseases and four out of five had limited knowledge of HIV/AIDS. There have been 40 reported cases of mother-to-child transmission of HIV. The State has recently developed a long-term strategy to combat HIV/AIDS.

8. In analysing the underlying causes of these trends, three significant factors emerge. Firstly, as underlined in the country's report to the Committee on the Rights of the Child, there are serious gaps in the policy environment with respect to child rights. Policies are lacking for early childhood development (ECD), children deprived of family care, child labour, juvenile justice and addressing the situation of people living with HIV/AIDS. State initiatives in social policy often have a short-term focus and lack appropriate implementation mechanisms. Secondly, despite high literacy rates, families have low awareness of factors affecting the well-being of women and children. Cultural specificity limits the possibility of openly addressing family and social issues. Although the State promotes family education, this is often based on traditional stereotypes that deliver information but fail to empower beneficiaries. Thirdly, despite the high percentage of social sector expenditures — as much as 47 per cent — the total amount of the state budget has decreased because of the effects of transition. Local budget allocations have also decreased. For example, only 14 per cent of health expenditures from the local budget are allocated

for primary health care (PHC), with the majority spent on tertiary care. Resource constraints affect the motivation of staff and result in deteriorating infrastructure. Social services are still managed vertically and lack an intersectoral approach to planning or one based on local needs.

9. Decision-making mostly occurs at higher levels, leaving little room for local processes. However, the *Makhallas* have been given significant authority to organize social support to families. This provides opportunities to help communities take responsibility for their own well-being and demand better-quality social services.

## Key results and lessons learned from previous cooperation

### Key results achieved

10. The previous country programme had a strong focus on child survival; and aimed to decrease micronutrient deficiencies, promote the concept of "child-friendly" learning environments, reduce the risk of children being kept in institutions, increase young people's awareness of healthy lifestyles and the risks of HIV/AIDS, and promote youth participation.

11. Key results achieved include the development of policies on the international definition of "live birth" and on safe motherhood that directly contributed to improving birth registration and antenatal, perinatal and neonatal care, respectively. Thirteen maternity hospitals were certified as "baby-friendly"; students from more than 10,000 schools now understand the importance of using iodized salt to fight IDD; and approximately 80 per cent of all children aged 6-59 months have received vitamin A supplementation. Coverage rates for routine immunization were maintained at over 95 per cent, the country was certified polio-free and the State has assumed responsibility for purchasing vaccines for routine immunization.

12. Approximately 2,500 children received pre-school education at *Makhalla* kindergartens using teaching and learning methods that focused on early learning. A national policy on education for all was adopted; more than 80,000 students in five regions are learning in "child-friendly" schools; 60,000 schoolchildren in grades 1-4 have improved knowledge of hygiene; and school sanitation was upgraded in 80 schools.

13. Country-wide, 14 youth-friendly centres are now reaching out to 100,000 young people to make them aware of skills needed for healthy behaviour and development. More than 10,000 schoolchildren and 2,000 teachers know ways to prevent HIV/AIDS and adopt healthy lifestyles. The Children's Parliament has become increasingly active.

14. As part of an emergency response to the drought in the Aral Sea disaster zone, through a grant from the Government of Japan, 300,000 people received interventions in the areas of maternal and child health (MCH), water, hygiene and sanitation. Epidemiological surveillance in 2003 showed that water contamination in the area decreased from 9.5 per cent to 5.5 per cent and the incidence of diarrhoea fell by one third among children.

### Lessons learned

15. The mid-term review of the country programme found that the lack of mechanisms for project convergence at the local level reduced the impact of the country programme. Programmes operating in different geographical areas missed the opportunity to integrate their implementation, which is especially important for community and family childcare and children's cognitive development.

16. While successful in themselves, a number of projects initiated on a pilot basis have remained pilots on account of a lack of support in terms of policy and subsequent resource mobilization. These projects have not been able to inform the development of better policies or ensure leverage for replication. Limited success has been achieved with respect to policy development on account of the weak evidence base for advocacy. Strengthened monitoring and evaluation capacities of the Government, UNICEF and non-governmental organizations (NGOs) are vital for informed decision-making.

17. A recent study by the United States Agency for International Development (USAID) revealed a low level of knowledge among families and communities on the importance and proper utilization of PHC. It also found that capacity-building of health professionals and dissemination of information are not sufficient to ensure appropriate utilization and increased demand for quality services and need to be complemented by family and community empowerment.

## The country programme, 2005-2009

### Summary budget table

| | *(In thousands of United States dollars)* | | |
|---|---|---|---|
| *Programmes* | *Regular resources* | *Other resources* | *Total* |
| Access to quality basic services for women and children | 4 170 | 5 140 | 9 310 |
| Good governance for achieving women's and children's rights | 3 700 | 3 420 | 7 120 |
| Cross-sectoral costs | 1 390 | - | 1 390 |
| **Total** | **9 260** | **8 560** | **17 820** |

### Preparation process

18. The new country programme evolved from the priorities of the CCA and the United Nations Development Assistance Framework (UNDAF). The Government, civil society, academic institutions, the World Bank, USAID and the Children's Parliament, among others, actively participated in the CCA and UNDAF processes.

19. The country programme strategy was developed after discussions with representatives of the Government, civil society and young people in November and December 2003. This resulted in the finalization of the programme strategy paper. A Joint Strategy Meeting involving United Nations agencies, the Government and civil society was held in February 2004 and endorsed both the UNDAF and the proposed programme of cooperation.

**Goals, key results and strategies**

20. Under the framework of Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the country programme will contribute to strengthening the ability of the State to respond to national priorities and meet its obligations to ensuring the rights of children, young people and women to live, grow up and develop in a nurturing, caring and protective environment.

21. As a result of the country programme, children, young people and women in selected priority areas will have increased access to functional and integrated quality basic services in health, basic education, child protection and HIV/AIDS prevention. This will inform policy and, through strengthened documentation and evaluation, ensure expansion of good practices nationwide. The approach will be implemented in 15 districts (*rayons*) of six regions (*oblasts*) covering 10 per cent of the total population that will be selected based on indicators of children's and women's well-being.

22. Families and young people in these priority areas will be able to take greater responsibility for their own well-being and demand quality basic services more effectively with the support of empowered communities. State officials at all levels will be better able to plan and manage basic services for children, young people and women. New legislation will be in place and existing laws amended to be consistent with the two Conventions.

23. In order to achieve these results, the country programme will adopt a three pronged approach. First, the delivery of basic services in selected national priority areas will be enhanced through convergence of activities. A sustainable, more integrated system of basic services will better address the needs of women, children and young people, and will mainstream the principles of the two Conventions into national and local development structures and systems. Best practices will be used for nationwide replication and for resource mobilization.

24. Secondly, the programme will aim to strengthen accountability of service providers, through greater clarity of mandates and improved standards and decision-making mechanisms. Strengthening the capacities of local institutions for programme management will increase the efficiency and effectiveness of service delivery and promote an enabling environment for community participation and family empowerment. Community capacities for seeking information and decision-making will be strengthened in order to raise demand for quality services. This will entail enhancing the professional capacities of all service providers to make them more responsive to family needs, and fostering their awareness of their and others' obligations to uphold children's and women's rights. The development of skills for improved analysis of the well-being of women and children will lead to improved planning. The development of plans for responding to natural disasters, as part of emergency preparedness and resource mobilization, will be part of this strategy.

25. Thirdly, national policies to expand best practices to nationwide service delivery will be supported through communication, social mobilization and advocacy. The participation of the private sector, civil society and mass media, as well as of children and young people, will be secured to put in place an environment conducive to the development of better policies and legislation in support of child

rights. Evidence-based advocacy will be an important element for leveraging resources to support the expansion of successful pilot projects.

**Relationship to national priorities and the UNDAF**

26. The country programme complements and supports the Government's efforts to achieve sustainable development, which are outlined in the President's annual programme to improve social support systems for the most vulnerable. The country programme will contribute directly to strengthening state initiatives for teaching excellence, healthy generations, women's empowerment, mothers and children, healthy lifestyles for families, strengthening of *Makhallas* and "grace and care".

27. In 2002, Uzbekistan submitted its first report to the Committee on the Rights of the Child. In the same year, as a follow-up to the Special Session on Children, the Secretariat of the Social Complex for Protection of Families, Women and Children developed a National Plan of Action (NPA), which was based on recommendations from the Committee. Strategies and areas of cooperation in this country programme reflect the NPA priorities.

28. The country programme will address the four priority areas of the UNDAF: poverty reduction, basic services, follow-up to international conventions and good governance. In particular, the UNICEF programme will benefit the most vulnerable groups, thus contributing to improved living standards and poverty reduction. It will lead to improved social service delivery, linked to enhanced local and subnational governance. Through its efforts to promote the Convention on the Rights of the Child, the country programme will make a key contribution to harmonization of existing legislation with international standards.

**Relationship to international priorities**

29. The country programme will contribute to the achievement of the Millennium Development Goals through its programmes in primary education, MCH, child protection and HIV/AIDS prevention. It will also address all of the priorities of the UNICEF medium-term strategic plan and contribute to the goals of *A World Fit for Children*, as follows. By enhancing the quality of basic education, it will help to develop gender-sensitive learning; by improving family child-rearing practices and convergence of social services, it will promote an integrated approach to ECD (including immunization "plus"); and by strengthening the social support system, it will address issues related to violence against children. Young people's participation will contribute to prevention of HIV/AIDS.

**Programme components**

30. The country programme will be made up of two components. The first will improve access to quality basic social services for children and women through improved convergence of services in selected priority areas. The second will support good governance for achieving children's and women's rights. Both components will involve national and subnational (*oblast*, *rayon*, community) levels. At the national level, UNICEF will support policy development and improved intersectoral approaches to planning and implementation of social support systems. At the subnational level, in the selected priority areas, the focus will be on strengthened delivery of basic services through local capacity-building. A strong, rights-based focus on families will increase demand for quality basic services. These models will

be monitored, evaluated and documented in order to inform the development of national policies.

**Access to quality basic services for children and women**

31. Within the area of MCH and nutrition, high rates of maternal and child morbidity and mortality remain a major challenge. Approaches are needed to bring often vertically delivered services into a more coherent and supportive framework and establish new relationships with family and community structures. At the national level, key results will include the full, nationwide implementation of the World Health Organization (WHO) definition of "live birth". UNICEF will advocate for continued priority and follow up on this issue and build government capacities to operationalize a set of standards for PHC services (including immunization and micronutrient and vitamin A supplementation). These will be incorporated into pre-service and on-the-job training. At subnational level, at least 80 per cent of women and children and their families in the priority areas will use quality PHC services that have been strengthened to improve MCH. Through UNICEF support, all health care providers will improve their knowledge and ability to apply international standards for the Integrated Management of Childhood Illness, including an outreach component of family education. All maternity hospitals in these selected areas will become "baby-friendly".

32. In ECD and quality basic education, the main obstacle remains the lack of an appropriate policy framework and the poor quality of basic education. Micronutrient deficiency is still widespread and levels of household consumption of iodized salt remain low. With UNICEF support, the programme component will lead, at national level, to the adoption of an improved national policy on ECD and the harmonization of national education policy with international standards. UNICEF will support the inclusion of a special course on integrated ECD in the teaching-training curriculum and as part of in-service training of teachers. At least 90 per cent of households will consume iodized salt. A law on flour fortification will be adopted and 60 per cent of households will consume iron-fortified flour. UNICEF will concentrate its advocacy and provide technical support to strengthen communication for universal salt iodization and fortification of staple foods. At the subnational level, more than 50 per cent of children in the priority areas will participate in *Makhalla* pre-school care, and 80 per cent of schoolchildren will be learning in schools that are child-centered, gender-equal and are providing life-skills-education. Expanded community participation will enhance early learning and pre-school preparedness. UNICEF will support the establishment of a child-centered learning environment in grades 1-9 to improve the quality of education. All schools in the priority areas will have upgraded safe water systems and sanitary facilities, together with hygiene education.

33. In the area of child protection, there are still high numbers of children in institutions, as well as increasing numbers of children in conflict with the law or on the streets. Inadequate care for, and isolation of, disabled children is an area of further concern. Existing legislation and normative standards on child protection are not yet consistent with international standards, in terms of both prevention and rehabilitation. At the national level, existing legislation on child abuse, neglect and trafficking will be harmonized with international standards. At the subnational level, 60 per cent of socially vulnerable children in priority areas will have access to quality, community-based social services that are needed for social integration and rehabilitation. Social work structures that are able to identify and support vulnerable

and high-risk child populations will be strengthened. Frontline law enforcement personnel will be better able to work with young people in conflict with the law. UNICEF will support the further development of professional capacities and the establishment of alternatives to institutionalized care that are integral to local social support systems.

34. Young people remain particularly vulnerable to infection from HIV/AIDS. Under the component on young people's health and development, the programme will focus on preventing HIV/AIDS among young people and promoting a supportive environment. At the national level, existing legislation will reflect principles of non discrimination, including with respect to young people, and support systems for people living with HIV/AIDS. At the subnational level, 90 per cent of young people in the priority areas will acquire the knowledge and skills to protect themselves from HIV/AIDS, sexually transmitted infections and drugs, and have access to quality, "youth-friendly" services. Health care providers, educators and NGOs working on HIV/AIDS, and young people themselves, will improve their skills to provide services that are "youth-friendly", with young people participating in the design of the relevant protocols. A network of peer educators will be established. UNICEF will support the development of capacities of the Government, NGOs and young people themselves to develop and evaluate communication for behavioural change. Peer education and life-skills-based education will help young people to avoid making decisions that negatively affect their lives, such as using drugs.

35. The programme will involve a wide range of partnerships. Local officials and community leaders will be crucial in ensuring the streamlining and convergence of established basic services. Continued partnerships with the Ministries of Health, Public Education, Internal Affairs, Justice and Labour will ensure long-term, sustainable changes in policies. Many interventions will require a grass-roots approach and the participation of civil society will be critical, especially in the areas of child protection and HIV/AIDS. Strong partnership with the Joint United Nations Programme on HIV/AIDS, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime, WHO, the Asian Development Bank, the World Bank, the United States Centers for Disease Control and Prevention and USAID are expected in the areas of strengthening PHC, improving the quality of basic education, preventing HIV/AIDS and promoting healthy lifestyles for young people.

36. Regular resources will be used to strengthen basic services in selected areas, involving professional capacity-building activities and provision of essential supplies. Other resources will be used to expand geographical areas of interventions, including additional supply requirements.

**Good governance for achieving children's and women's rights**

37. Existing laws and other normative frameworks do not support initiatives to protect women's and children's rights. Families' and communities' lack of knowledge on health and other child development issues, combined with limited opportunities for them to be actively involved in the design of social support systems, have meant that services remain inflexible and unresponsive to the needs of clients. This is compounded by the weak capacities of local authorities to plan, implement and monitor convergent programming.

38. A major effort will be made to strengthen policy development, advocacy and social monitoring for children, young people and women. At the national level, a key overall result of this component will be that state policies will provide a better framework for the protection of children's rights, with existing legislation amended to comply with the Convention on the Rights of the Child. Administrative frameworks and institutional development (including codes of conducts and reporting mechanisms for users of services) will be backed up with increased nationwide awareness by families of children's rights and appropriate child-care practices. UNICEF will work with the National Academy of Social Reconstruction to train local government cadres in such communication support. Social monitoring will contribute to the development of public sector capacities to monitor and assess implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF will support the introduction of specialized mapping tools, such as *DevInfo*, that will provide opportunities for more targeted, "pro-poor" planning. A national response to women and children in emergencies will be mainstreamed into state policies.

39. At the subnational level, capacity-building in the management of social services for children and women will help local government officials and community leaders to plan, implement and monitor the delivery of social services. They will jointly establish systems to monitor the well-being of children and families and to develop resource mobilization strategies. An integrated plan for basic services that benefits the most vulnerable children and their families will be developed and multisectoral teams established. The assessment and evaluation of existing local models of community involvement and action will be crucial to promoting resource mobilization and leveraging nationwide expansion. UNICEF will support *Makhallas* and local officials in the development and implementation of these action plans for improved basic social services.

40. A focus on family and community empowerment will help at least at least 80 per cent of families in 15 *rayons* of six *oblasts* to adopt improved child-rearing practices. The physical integrity and dignity of the child will be respected by local institutions (schools, law enforcement bodies) and communities. UNICEF will support communication and social mobilization so that all families in the target areas have better knowledge of appropriate childcare, and to promote behavioural change among families and communities for children's growth, development, participation and protection.

41. In order to encourage demand for and use of quality social services, neighbourhood groups will be established to have a dialogue and cooperate with local authorities. NGOs will assist these groups to plan activities to assist the most vulnerable families. UNICEF will encourage the use by community leaders of the "triple A" methodology (assessment, analysis, action) to improve planning and management of social support.

42. Government counterparts at all levels, including Parliament and other state organizations, will be major partners for this programme. National institutions and independent professional associations will provide support through research and evaluation skills, and such development partners as the Asian Development Bank, the World Bank and USAID will be fully involved in policy development, planning and resource mobilization for expansion of best practices. For the development and elaboration of a strategy for improving living standards, increased participation by

the mass media and civil society in the decision-making processes will be critical. Collaboration will be pursued with United Nations agencies including the United Nations Development Programme, UNFPA and the office of the United Nations High Commissioner for Refugees in strengthening community participation and building local capacities for improved governance.

43. Regular resources will be allocated primarily for family and community empowerment, and building local capacities in selected national priority areas, essential advocacy and communication activities, and research and evaluation. Other resources, if available, will support expansion and scaling up of interventions.

44. **Cross-sectoral costs** cover the basic costs of the country office and include operational expenses, the salaries and travel of certain cross-cutting staff, and additional equipment such as that used for security purposes.

**Major partnerships**

45. Close collaboration with the Government will provide a strong basis for sustainability of initiatives and will result in policies and legislation that reflect a national commitment to achieving the results of the country programme. Collaboration with local authorities, communities and families will be part of renewed efforts to help them to play a greater role in decision-making. Strong partnerships with civil society, especially NGOs, will be important for success, especially in activities that deal with sensitive cultural and social issues. An alliance with the mass media will be essential for improved advocacy and social mobilization, and for influencing the opinions of decision makers and the attitudes of society at large. The ministerial forums of the Central Asian republics and Kazakhstan for MCH and education will allow sharing of successful experiences and high-level advocacy for policy development. The UNDAF lays the foundation for close cooperation with United Nations agencies and such partners as the Asian Development Bank, the World Bank, and USAID in the areas of health, education, local capacity-building and policy reform for poverty reduction.

46. The Children's Parliament and the young people's *Kamolot* movement have provided opportunities for hundreds of young parliamentarians and many young people to participate in policy decision-making processes.

**Monitoring, evaluation and programme management**

47. The mid-term and annual reviews will serve as important milestones for monitoring, revising and assessing the progress of the country programme. An integrated monitoring and evaluation plan, linked to a similar plan for the UNDAF, will outline research, monitoring and evaluation plans and activities of the programme of cooperation. These will be revised periodically, in line with international commitments including the Millennium Development Goals, and the goals of *A World Fit for Children*, Education for All and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS. Programmes and projects will be assessed at the subnational level, and models of excellence will be used to promote resource mobilization. Major evaluations are planned for the expanded programme on immunization (in 2005) and the family education programme (in 2007). UNICEF will support an evaluation of the UNDAF in 2008, in collaboration with other United Nations agencies, the Government and national partners. A MICS and a knowledge, attitude, behaviour and practice survey of

young people will be used to measure progress made towards the goals of the country programme. There will be continuous monitoring of the 22 indicators, developed jointly with the Government, which will reflect women's and children's well-being.

48. The Country Programme Coordination Committee, established in 2003 in the Cabinet of Ministers, is responsible for coordinating implementation of the programme through its Steering Committee and individual technical groups. Local inter-agency coordination committees will be established in each of the six priority *oblasts* and 15 *rayons*, which will report to the National Committee.

49. Under the support budget approved by the Executive Board in 2003, UNICEF Uzbekistan has been upgraded to a full country office, and office's human resources strengthened. Within UNICEF, the country management team is responsible for management and coordination of the programme.